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Date: November 21, 2005

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PATENT, TRADEMARK
AND COPYRIGHT LAW
FACSIMILE: (703) 684-1157

FACSIMILE COVER LETTER

Facsimile Number: 571-273-8300

To: Examiner R. Jain
Group Art Unit 2664, USPTO

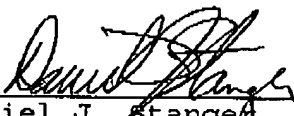
From: Mr. Daniel J. Stanger
MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

Re: USSN 10/001,981
Attorney Docket No.: ASA-1041-02

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

PTO-1083 Transmittal;
REPLY;
Petition for One-Month Extension of Time;
Change of Correspondence Address; and
Credit Card Payment Form including \$120.00 in payment of
Petition fee.



Daniel J. Stanger
Reg. No. 32,846

November 21, 2005

DateTotal Number of Pages (including cover sheet): 12

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please CALL (703) 684-1120. Thank you.

FORM PTO-1083

PATENT

Case Docket No. ASA-1041-02

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In RE application of K. YOSHIDA et al

Serial No.: 10/001,981

Group Art Unit: 2664

NOV 21 2005

Filed: December 5, 2001

Examiner: RAJ K. JAIN

For: A COMMUNICATION SYSTEM

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

	(COL. 1)		(COL. 2)		(COL. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra
Total	* 7	Minus	** 20	=	0
Indep.	* 1	Minus	*** 3	=	0

☐ First Presentation of Multiple Dependent Claims

SMALL ENTITY

Rate	Additional Fee
x 9	\$
x 42	\$
+ 140	\$
Total	\$

OR

OTHER THAN A SMALL ENTITY

Rate	Additional Fee
x 18	\$ 0
x 84	\$ 0
+ 280	\$ 0
Total	\$ 0

OR

- * If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.
- ** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.
- *** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space.
- The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

☐ Please charge my Deposit Account No. 50-1417 in the amount of \$ _____.

☒ A check in the amount of \$ 120.00 is attached in payment of:

PETITION FOR ONE-MONTH EXTENSION OF TIME

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.

- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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Date: November 21, 2005